MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/462224

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		①						54						
5		①						55						
6		①						56						
7		①						57						
8			1					58						
9				1				59						
10				1				60						
11				1				61						
12				1				62						
13				1				63						
14				1				64						
15								65						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			1					TOTAL IND.						
TOTAL DEP.			6					TOTAL DEP.						
TOTAL CLAIMS			7					TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS